

Miracles in Motion Volunteer Information / Application

Date _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail: _____

Date of Birth _____ Male: _____ Female: _____

If under 18 Name of Parent or Guardian: _____

How did you learn about Miracles in Motion? _____

Check the volunteer areas in which you are interested. Horse leading in a class: _____ Side walking in a class: _____

Fundraising _____ Newsletter _____ Barn Chores: _____ Office Duties _____ Horse Schooling (subject to riding test) _____

Serving on the Board of Directors _____ Instructor _____ Other (please explain) _____

In Case of Emergency:

Contact Name: _____ Home Phone: _____ Work Phone _____

Address: _____

Physician: _____ Phone: _____

Hospital & Town _____

In case of emergency, I give permission to Miracles in Motion to secure medical treatment including xray, surgery, hospitalization and medication.

Date: _____ Signature.: _____

Photo Release: I consent to and authorize the use and reproduction by Miracles in Motion of any and all photographs and any other audiovisual materials taken of me for promotional material, educational activities and exhibitions or for any other use to benefit the program.

Date: _____ Signature: _____

Volunteer Liability Release:

As a volunteer at Miracles in Motion, I acknowledge the risks and potential for risks of a horseback riding program. However, I feel that the possible benefits to me and the clients I work with are greater than the risks assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors, or administrators, wave and release forever all claims for damages against Miracles in Motion, it's Board of Directors, instructors ,therapist, volunteers and/or employees for any and all injuries and or losses I may sustain while participating in Miracles in Motion.

Date: _____ Signature: _____